

**NORTH DAKOTA MEDICAL ASSISTANCE  
COPAYMENTS, COPAYMENT EXEMPTION, AND SERVICE LIMITS,  
January 2004**

| COPAYMENTS  | PERSONS EXEMPT FROM<br>COPAYMENTS   | SERVICE LIMITS   |
|---|---|--|
| <ul style="list-style-type: none"> <li>• \$1 for spinal manipulation received during a chiropractic appointment</li> <li>• \$1 for each outpatient speech therapy visit</li> <li>• \$2 for each office visit. This includes <u>all</u> Medical Doctors, Nurse Practitioners, and Physician Assistant Certified.</li> <li>• \$2 for each dental clinic appointment</li> <li>• \$2 for each outpatient physical therapy visit</li> <li>• \$2 for each outpatient occupational therapy visit</li> <li>• \$2 for each optometry appointment</li> <li>• \$2 for each outpatient psychological appointment</li> <li>• \$2 for each outpatient hearing test visit</li> <li>• \$3 for each hearing aid supplied</li> <li>• \$3 for each clinic appointment to a Rural Health Clinic or Federally Qualified Health Center</li> <li>• \$3 for each podiatry office appointment</li> <li>• \$3 Prescription Drugs - Brand Name drugs</li> <li>• \$6 for each emergency room visit that is not an emergency</li> <li>• \$75 for each inpatient hospital stay</li> </ul> | <ul style="list-style-type: none"> <li>• Individuals under age 21</li> <li>• Individuals who are pregnant</li> <li>• Service is for a true emergency</li> <li>• Service is for Family Planning purposes</li> <li>• Individuals residing in institutions such as:               <ul style="list-style-type: none"> <li>- Nursing Home/Long Term Care</li> <li>- Swing Bed/Long Term Care</li> <li>- Intermediate Care Facility/MR</li> <li>- State Hospital</li> <li>- State Hospital&lt;21/JCAHO Facility</li> <li>- Anne Carlsen Home</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Chiropractic manipulation visits - 12 per year</li> <li>• Chiropractic x-rays - 2 per year</li> <li>• Occupational Therapy Evaluation - 1 per year</li> <li>• Occupational therapy - 20 visits per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)</li> <li>• Psychological Evaluation - 1 per year</li> <li>• Psychological therapy visits - 40 per year</li> <li>• Psychological testing - four units (hours) per year</li> <li>• Speech therapy visits - 30 per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)</li> <li>• Speech evaluation - one per year</li> <li>• Physical therapy evaluation - 1 per year</li> <li>• Physical therapy visits - 15 per year; (applies to services delivered in a clinic or outpatient hospital setting. This limit does not apply to school-based services for children.)</li> <li>• Vision testing and prescriptions for glasses; under 21 years of age - 1 exam &amp; 1 set of glasses per year; 21 and older - 1 exam &amp; 1 set of glasses every 3 years.</li> </ul> <p><b>Authorizations in excess of the above limits may be granted by the Medicaid Utilization staff when medically necessary. As of January 1, 2004, if a recipient is over their allowed amounts of the above services, a prior authorization is required.</b></p> |

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